
Form 16: Chain of Custody Form for Onsite Drug Testing

JUVENILE NAME OR ID #: _____

INITIAL SCREEN INFORMATION:

Specimen collected by: _____ Date: _____ Time: _____

Donor's verification signature: _____ Date: _____ Time: _____

Specimen received by: _____ Date: _____ Time: _____

Specimen analyzed by: _____ Date: _____ Time: _____

RESULTS:

Negative for: _____

Positive for: _____

Comments: _____

CONFIRMATION:

Sent for confirmation by: _____ Date: _____ Time: _____

Name of lab/test used: _____

Specimen analyzed by: _____ Date: _____ Time: _____

RESULTS:

Negative for: _____

Positive for: _____

For: _____

Results sent to: _____

Results received by: _____

Source: American Correctional Association/Institute for Behavior and Health, Inc.